

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0 0 0;"><i>(to be used for all correspondence after initial filing)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/777,562</td> </tr> <tr> <td>Filing Date</td> <td>February 12, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Donald R. Loveday</td> </tr> <tr> <td>Art Unit</td> <td>1796</td> </tr> <tr> <td>Examiner Name</td> <td>William K. Cheung</td> </tr> <tr> <td>Attorney Docket Number</td> <td>1999U027.RE.US</td> </tr> </table>	Application Number	10/777,562	Filing Date	February 12, 2004	First Named Inventor	Donald R. Loveday	Art Unit	1796	Examiner Name	William K. Cheung	Attorney Docket Number	1999U027.RE.US
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ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts / Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Amendment Transmittal Letter</div>
<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	UNIVATION TECHNOLOGIES, LLC Customer Number 25959	
Signature	/Leandro Arechederra, III/	
Printed name	Leandro Arechederra, III	
Date	July 29, 2009	Reg. No. 52,457

CERTIFICATE OF TRANSMISSION/MAILING			
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